

(A)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION  
**RECEIVED**

Original

DARUOSH EBRAHIMI

DEC 16 2009 aew  
Dec 16, 2009  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

09 C 7825

Judge Ruben Castillo

Magistrate Judge Jeffrey Cole

vs.

COOK County Department of Corrections  
(to be supplied by the Clerk of this Court)

Division Ten Superintendent

Private Responsible

CELNIAK Health Services of Cook County

Sergeant HALLISON

NURSE SACKY, CAPTAIN ROSARIO

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

A. Name: DARVOSH EBRAHIMI

B. List all aliases: none

C. Prisoner identification number: 20070012540

D. Place of present confinement: DIVISION 10 2B

E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: COOK COUNTY Sheriff Dept. of Collections  
Title: \_\_\_\_\_

Place of Employment: COOK COUNTY Jail

B. Defendant: Division 10 Super Intendant  
Title: \_\_\_\_\_

Place of Employment: COOK COUNTY Jail

C. Defendant: Inmate Responsible  
Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Cont.

Defendant: CERNYK HEALTH SERVICES OF COOK COUNTY

Title:

Place of Employment: COOK COUNTY JAIL

Defendant: SARGENT HARRISON

Title:

Place of Employment: DIVISION 10 COOK COUNTY JAIL

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: DALDUSH V. COOK COUNTY DEPT. OF CORR. ET AL. 09CV1534

B. Approximate date of filing lawsuit: MARCH 11 2009

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None

D. List all defendants: COOK COUNTY DEPT. OF CORR., SUPER INDEPENDENT, ALIATE RESPONSIBLE, CELMAK HEALTH SERVICES OF COOK COUNTY,

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): WELTHEW DISTRICT OF ILLINOIS EASTERN DIVISION

F. Name of judge to whom case was assigned: Judge CASTILLO

G. Basic claim made: VIOLATED EIGHTH AMENDMENT

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): W/A

I. Approximate date of disposition: 12/14

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 10/20/09, MR. Young attacked me in front of officer Zriny. I injured my head, Spine, back. Officer Zriny and other officers wrestled Mr. Young to the ground. Approximately 10 - officers came on tier 2B after officer Bobzin called 10-10 over the radio. Captain Rosa Rio and Sargent Harrison also came to tier 2B. I was picked up off the ground and put in my chair. There after nurse Jackie came to tier 2B because I was in so much pain I couldn't walk. The officers and nurse Jackie was trying to get me off the floor. About 10-minutes later nurse Jackie brought a wheel chair and put me in it and escorted me to the hospital. At this time I was experiencing sharp chest pain. She was checking my vital signs when Captain Ro Sario said that they will take me to cermak hospital.

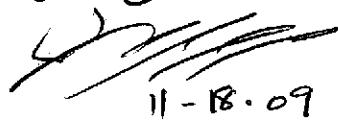
After checking my vital signs, nurse Jackie told captain Rosario that there was not anything wrong with me and advised Captain Rosario to take me back to my tier. I told Sargent Harrison and Captain Rosario that I had pain in my head, neck, back and knee. Sargent Harrison then pushed me out of the wheel chair and I fell into the wall hitting my head on the wall.

There after, officer Rana and a officer John Doe, ~~dragged me from the 2nd~~ Floor to the 1st floor. At this time I injured my side. They dropped me on the floor of the bull-pen on the 1st floor.

From 5:30 pm to 9:30 pm. After laying on the floor for I was taken to cermak hospital while at cermak hospital I under went a cat Scan for my head and X-Rays for my neck and back.

Even to this day, I'm experiencing back pain and it is going untreated. I wrote 3 or 4 grievances. but I never got a response.

5 Ebrahimi

  
11-18-09

Revised 9/2007

WHEN I WAS DRAGGED BY SERGEANT  
HARRISON AND <sup>OFF. LAMOS</sup> ~~Sergeant~~ DEE FROM THE 2nd FLOOR  
TO THE 1ST FLOOR I INJURED MY SIDE AND  
I HAVE A VERY BAD CUT ON THE LEFT  
SIDE OF MY HIP. I HAVE THE PANTS AND  
UNDERWEAR WITH BLOOD ALL OVER THEM. WILL  
THIS COURT PLEASE ~~order~~ ORDER THE DEFEN-  
DANTS NOT TO BOTHER THESE ITEMS WITH  
BLOOD ON THEM. THESE ITEMS WILL BE  
USED AS EXHIBITS IN THIS CASE.

V.

**Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I need the court to PLEASE MAKE THE  
Defendants RESPONSIBLE because all this  
Shouldn't have happened if proper security and  
proper medical attention was available. I  
need your help. PLEASE CONTACT ME if more  
info is needed.

VI.

The plaintiff demands that the case be tried by a jury.  YES  NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

  
(Signature of plaintiff or plaintiffs)

DARUOSH EBRAHIMI  
(Print name)

20070012540  
(I.D. Number)

P.O. Box 089009  
Chicago IL 60608  
(Address)